

CLAIMS ONLY

Application Number

Filing Date

10/642828

Applicant(s)

May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | May be used for additional claims or amendments | | | | | | |
|---------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|--------|--------|--------|--------|--------|
| | Indep. | Depend | Indep. | Depend | Indep. | Depend | | Indep. | Depend | Indep. | Depend | Indep. | Depend |
| 1 | / | | | | | | | | | | | | |
| 2 | | / | | | | | 51 | | / | | | | |
| 3 | | / | | | | | 52 | / | | | | | |
| 4 | | / | | | | | 53 | | | | | | |
| 5 | | / | | | | | 54 | | / | | | | |
| 6 | | / | | | | | 55 | | / | | | | |
| 7 | | / | | | | | 56 | | / | | | | |
| 8 | | / | | | | | 57 | | / | | | | |
| 9 | | / | | | | | 58 | | / | | | | |
| 10 | | / | | | | | 59 | | / | | | | |
| 11 | / | | | | | | 60 | | / | | | | |
| 12 | | / | | | | | 61 | / | | | | | |
| 13 | | / | | | | | 62 | | / | | | | |
| 14 | | / | | | | | 63 | | / | | | | |
| 15 | | / | | | | | 64 | | / | | | | |
| 16 | | / | | | | | 65 | | / | | | | |
| 17 | | / | | | | | 66 | / | | | | | |
| 18 | | / | | | | | 67 | | / | | | | |
| 19 | | / | | | | | 68 | | / | | | | |
| 20 | | / | | | | | 69 | | / | | | | |
| 21 | | / | | | | | 70 | | / | | | | |
| 22 | | / | | | | | 71 | | / | | | | |
| 23 | | / | | | | | 72 | | / | | | | |
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| 25 | | / | | | | | 74 | | / | | | | |
| 26 | | / | | | | | 75 | / | | | | | |
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| 28 | | / | | | | | 77 | | / | | | | |
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| 32 | | / | | | | | 81 | | / | | | | |
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| 34 | | / | | | | | 83 | | / | | | | |
| 35 | | / | | | | | 84 | | / | | | | |
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| 37 | | / | | | | | 86 | | / | | | | |
| 38 | / | | | | | | 87 | | / | | | | |
| 39 | | / | | | | | 88 | | / | | | | |
| 40 | | / | | | | | 89 | | / | | | | |
| 41 | | / | | | | | 90 | | / | | | | |
| 42 | | / | | | | | 91 | | / | | | | |
| 43 | | / | | | | | 92 | | / | | | | |
| 44 | | / | | | | | 93 | | / | | | | |
| 45 | | / | | | | | 94 | | / | | | | |
| 46 | | / | | | | | 95 | | / | | | | |
| 47 | / | | | | | | 96 | | / | | | | |
| 48 | | / | | | | | 97 | | / | | | | |
| 49 | | / | | | | | 98 | | / | | | | |
| 50 | | / | | | | | 99 | | / | | | | |
| Total | | | | | | | 100 | | / | | | | |
| Total Indep. | 5 | | | | | | Total Indep. | 5 | | | | | |
| Total Depend. | 45 | | | | | | Total Depend. | 45 | | | | | |
| Total Claims | 50 | | | | | | Total Claims | 50 | | | | | |